

Appl. No. 09/885,984

Reply to Office Action of October 9, 2003

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JAN 09 2004

**OFFICIAL**

Applicants: Daniels, et al.  
Appl. No.: 09/885,984  
Filed: June 20, 2001  
Title: ROUTER TABLES  
Art Unit: 3725  
Examiner: Self, Shelley M.  
Docket No.: 113378-039

Commissioner for Patents  
Submitted Via Facsimile For Final Office Action (703.305.3579)  
P.O. Box 1450  
Alexandria, VA 22313-1450

**RESPONSE TO OFFICE ACTION**

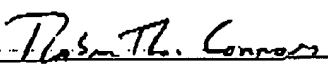
Madam:

In response to the Final Office Action dated October 9, 2003, please enter the following amendments for the above-identified case:

Amendments to the Claims are reflected in the listing of claims which begins on page 2 of this paper.

Remarks begin on page 7 of this paper.

DO NOT  
ENTER

<b>AMENDMENT TRANSMITTAL LETTER (Large Entity)</b>				Docket No. <b>0113378-00039</b>	
Applicant(s): <b>Daniels, et al.</b>					
Serial No. <b>09/885,984</b>	Filing Date <b>June 20, 2001</b>	Examiner <b>Self, Shelley M.</b>	Group Art Unit <b>3725</b>		
Invention: <b>ROUTER TABLES</b>					
<u>TO THE COMMISSIONER FOR PATENTS:</u>					
Transmitted herewith is an amendment in the above-identified application. The fee has been calculated and is transmitted as shown below.					
<b>CLAIMS AS AMENDED</b>					
	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST # PREV. PAID FOR	NUMBER EXTRA CLAIMS PRESENT	RATE	ADDITIONAL FEE
TOTAL CLAIMS	18 -	20 =	0 x	\$18.00	\$0.00
INDEP. CLAIMS	2 -	3 =	0 x	\$86.00	\$0.00
Multiple Dependent Claims (check if applicable) <input type="checkbox"/>					\$0.00
<b>TOTAL ADDITIONAL FEE FOR THIS AMENDMENT</b>					<b>\$0.00</b>
 <input checked="" type="checkbox"/> No additional fee is required for amendment. <input checked="" type="checkbox"/> Please charge Deposit Account No. <b>02-1818</b> in the amount of _____ <input type="checkbox"/> A check in the amount of _____ to cover the filing fee is enclosed. <input checked="" type="checkbox"/> The Director is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayment to Deposit Account No. <b>02-1818</b> <input checked="" type="checkbox"/> Any additional filing fees required under 37 C.F.R. 1.16. <input checked="" type="checkbox"/> Any patent application processing fees under 37 CFR 1.17.					
  _____ Signature			Dated: <b>January 9, 2004</b>		
Robert W. Connors Reg. No. 46,639 Bell, Boyd & Lloyd LLC P.O. Box 1135 Chicago, Illinois 60690-1135 (312) 807-4214			<div style="border: 1px solid black; padding: 5px;"><p>I certify that this document and fee is being deposited on <b>January 9, 2004</b> with the U.S. Postal Service as first class mail under 37 C.F.R. 1.8 and is addressed to the Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.</p><p style="text-align: center;">_____ Signature of Person Mailing Correspondence</p><p style="text-align: center;"><b>Renee Street</b> Typed or Printed Name of Person Mailing Correspondence</p></div>		
CC:					

